

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 19, 2006 08:00 A.
Secretary of State

DOCUMENT # L02000029658

1. Entity Name
VML HOLDINGS, LLC



Principal Place of Business
**2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134**



02102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0340589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL ESQ.
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAJARDO, MICHELLE
17465 SW 143 PLACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GONZALEZ, VIVIAN E
10836 SW 145 COURT
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GONZALEZ, LUIS A
10836 SW 145TH COURT
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

U00000565370
05/20/06-80130-009-50.00

Authorized

Michael Ortiz Representative 3/1/06 305 470 5270